

Low Birthweight for Singleton Births

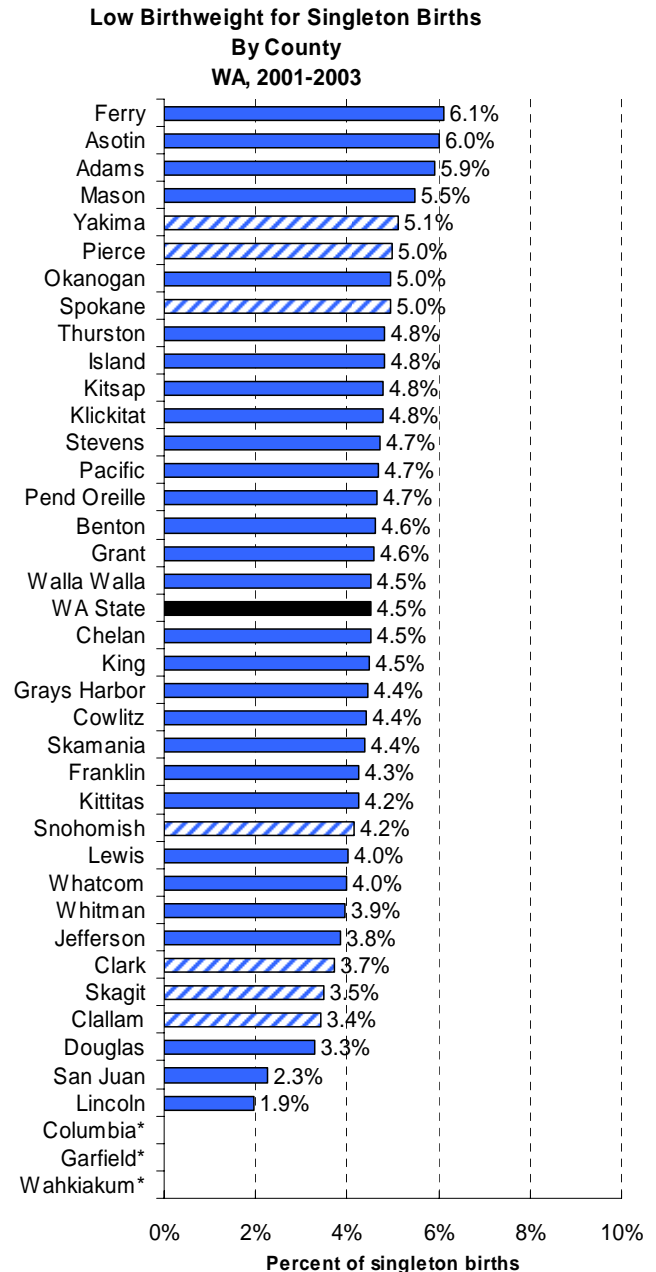
Publicly funded services to address Low Birthweight are described in First Steps, Nutrition Services, Tobacco Prevention and Treatment Services for Pregnant Women, and Substance Abuse Services for Women

Key Findings:


- Low birthweight (LBW) is a major contributor to infant mortality and morbidity, and care of the LBW infant is costly. These data are limited to singleton births in order to explore factors other than plurality (multiple births) which may influence LBW trends.
- In 2003, the LBW rate for singletons was 4.6%, representing 3,594 births in Washington State, compared to a national rate of 6.2%. The overall Washington LBW (which includes multiple births) was 6.1% or 4,857 births in 2003, compared to a national rate of 7.9%.^{1,2,3}
- The overall Washington LBW rate increased significantly from 5.3% in 1990 to 6.1% in 2003. The singleton LBW rate also changed significantly from the 1990 rate of 4.3%, but the rate of increase was half that of all LBW.^{1,2}
- Singleton LBW births were significantly higher among Black women compared to women of other races, and among women ages 15-19 and 40-44 compared to other age groups.¹
- Singleton LBW births were highest among TANF women (6.2%) compared to other Medicaid programs (S-Women 4.7%, Non-Citizens 4.1%) and Non-Medicaid women (3.9%).⁴
- The National Healthy People 2010 objective is to reduce the overall LBW rate to no more than 5.0%. Washington has not yet met this objective.⁵

Definition: Low birthweight is a newborn birthweight less than 2,500 grams (5 lbs. 8 oz). The analysis in this chapter is limited to singleton (one baby) births.

County^{1,2,a}

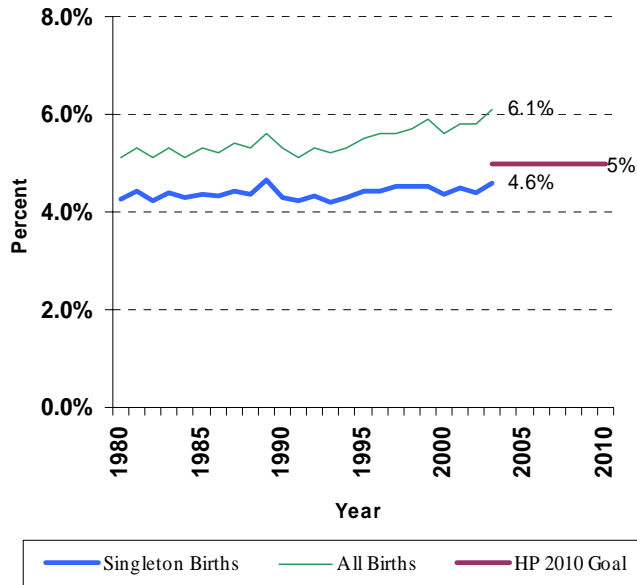


*County rate not calculated if less than 5 events

 Significantly different from state based on 95% confidence intervals

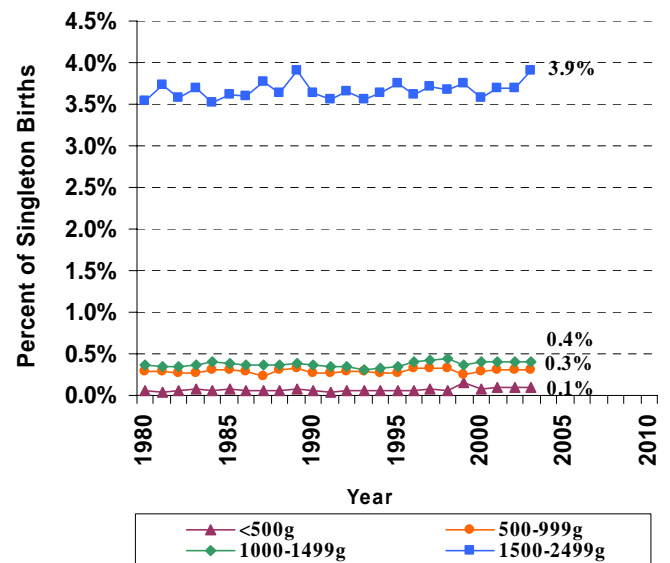
Time Trend ^{1,2,3}

**Total and Singleton Low Birthweight
WA, 1980-2003**



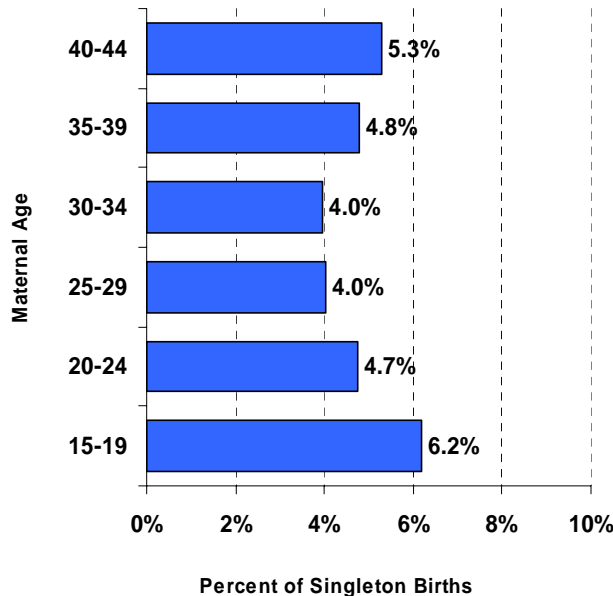
Birthweight Trend ¹

**Low Birthweight by Birthweight Categories
WA, 1980-2003**



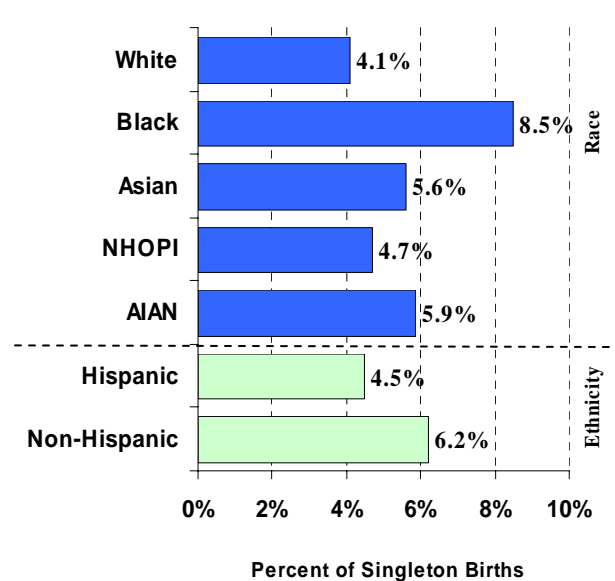
Age ^{1,2}

**Singleton Low Birthweight
By Maternal Age
WA, 2001-2003**



Race and Ethnicity ^{1,2,b,c}

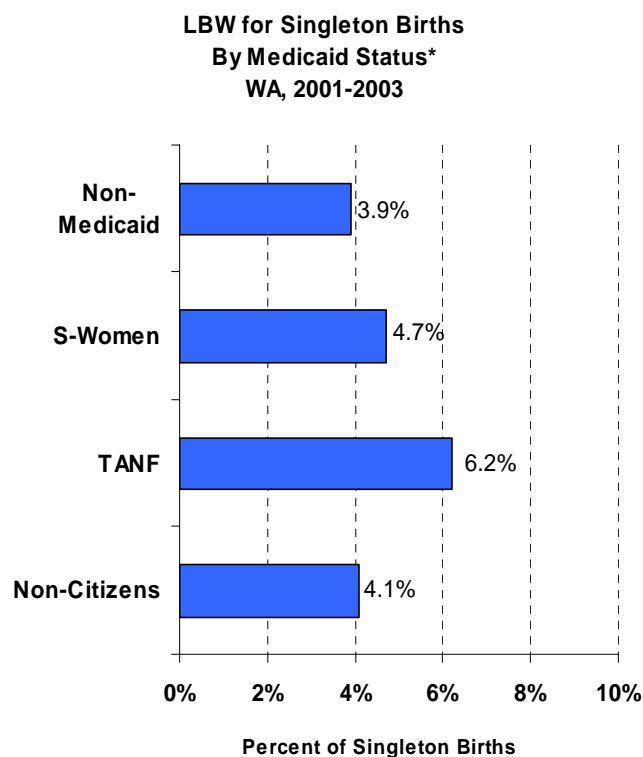
**Singleton Low Birthweight
By Race and Ethnicity
WA, 2001-2003**



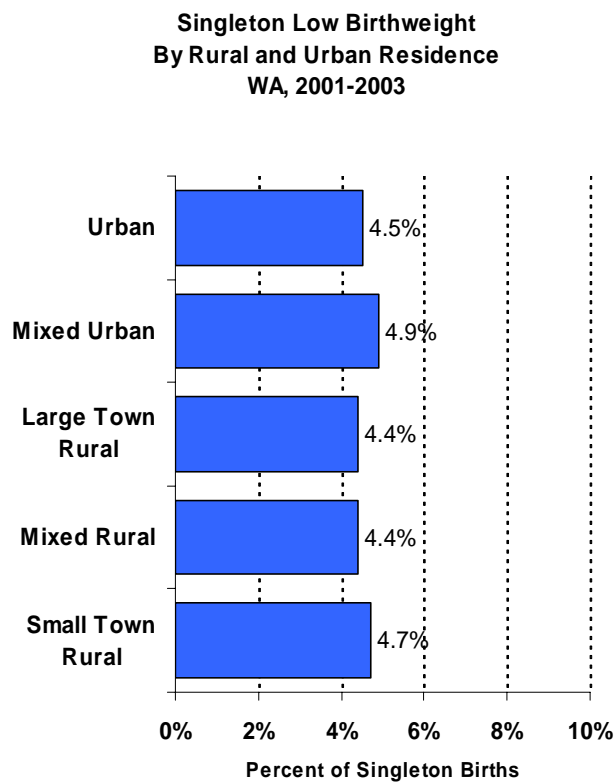
Infant Gender^{1,2}



Medicaid Status⁴



Rural and Urban Residence^{6,d}



* Medicaid women received maternity care paid for by Medicaid. They are divided into three major subgroups (from highest to lowest socioeconomic status): **S-Women** - those women who are citizens and eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL, **TANF** - those women who are very low income (generally < 50% FPL) and receive cash assistance (TANF) in addition to Medicaid, and **Non-Citizens** - those women who are not citizens and are eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL. Non-citizens are not eligible for TANF although their incomes are often lower than women on TANF. All three Medicaid groups have incomes below most Non-Medicaid women.

Data Sources

1. Washington State birth certificate data: Vital Statistics 2003, Washington State Department of Health, Center for Health Statistics, March 2005.
2. Analysis Software: Public Health – Seattle & King County, Epidemiology, Planning & Evaluation, Software for Public Health Assessment (Vista PHw), 1991-.
3. Martin JA, Hamilton RE, Sutton PD, et al. Births: Final Data for 2003 : National Vital Statistics reports ; Vol 54 No. 2, Hyattsville, MD: National Center for Health Statistics, 2005. http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf
4. Cawthon, L. Characteristics of Women Who Gave Birth in Washington State. Washington State Department of Social and Health Services, First Steps Database, 2/23/05.
5. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.
6. Washington State Department of Health, Office of Community and Rural Health. November 2005 <http://www.doh.wa.gov/hsqa/ocrh/>

Endnotes

- a. Significance was determined based on 95% Confidence Intervals
- b. AIAN – American Indian/Alaska Native
- c. NHOPI – Native Hawaiian Other Pacific Islander
- d. Rural urban differences are based on county level RUCA codes calculated using 2000 census data (see Technical Notes for description of RUCA codes)